

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 57953-1211
<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	<p>In re Application of Wisniewski et al.</p> <hr/> <p>Application Number 10/810,919      Filed 03/26/2004</p> <p><b>For PREVENTION AND TREATMENT OF ALZHEIMER AMYLOID DEPOSITION</b></p> <hr/> <p>Group Art Unit 1649      Examiner Olga N. Chernyshev</p>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)      \$ _____           <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)      \$ <u>245</u>   <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)      \$ _____           <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)      \$ _____           <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)      \$ _____       </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).           <input checked="" type="checkbox"/> attorney or agent of record.           <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.       </div> <div style="margin-left: 100px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div style="text-align: center;"> <u>/Tate L. Tischner/</u>            Signature         </div> <div style="text-align: center;"> <u>March 30, 2009</u>            Date         </div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-top: 10px;"> <div style="text-align: center;"> <u>Tate L. Tischner</u>            Typed or printed name         </div> <div style="text-align: center;"> <u>(585) 263-1363</u>            Telephone Number         </div> </div> </div>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>		

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